

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9348

State File No.

1300

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 244 PRIMARY REG. DIST. NO. 3834 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DIAMOND 3mi NORTH</u>		c. CITY (If outside corporate limits, write RURAL and give township), OR TOWN <u>DIAMOND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles NORTH, DIAMOND</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edward</u>	b. (Middle) <u>A</u>	c. (Last) <u>DOERGE</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>March 8 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG 30 18-60</u>	9. AGE (In years last birthday)	<u>88</u>	IF UNDER 1 YEAR	Months <u>6</u>	Days <u>8</u>	IF UNDER 24 HRS.	Hours <u></u>	Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>U</u>	12. CITIZEN OF WHAT COUNTRY? <u>AMERICAN</u>
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13a. FATHER'S NAME <u>HERMAN DOERGE</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>MARY E. DOERGE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2.15 years</u> <u>Several years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>renal insufficiency</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>41st</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7 or 8 years, 19 , to Mar 8, 1949, that I last saw the deceased alive on 3-8, 1949, and that death occurred at 7:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>R. R. Ralens</u> (Degree or title) <u>md</u>	23b. ADDRESS <u>Granby mo</u>	23c. DATE SIGNED <u>3.11.49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STONY POINT Cem</u>	24d. LOCATION (City, town, or county) (State) <u>4mi N.W. DIAMOND</u>
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DATE RECD BY LOCAL REG. <u>March 14 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. Albie Parnell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK BIGHAM MORTUARY</u>	ADDRESS
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RECEIVED
Health Officer No. *9*
District Health Officer No. *349.52*
the Filed *3-21-49*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
Student Embalmer No. _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed *K. G. White*
Licensed Embalmer No. *4240*
P. O. Address *Neosho, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.